



P.O. Box 735 – 1901 S. Dumas Ave.
 Dumas, TX 79029
 806-935-2123 – Fax: 806-935-2124
 www.dumaschamber.com

Membership Application

Date: _____

Company or Individual Name: _____

Type of Business: _____

Main Representative: _____

Physical Address: _____

Mailing Address: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

Website Address: _____ Email Address: _____

<u>Business Type</u>	<u>Membership Dues Base</u>		<u>Fair Share</u>
<i>General & Retail</i>	<i>\$150.00</i>	<i>Plus</i>	<i>\$5.00 per employee*</i>
<i>Manufacturing (50 or more Employees)</i>	<i>\$150.00</i>	<i>Plus</i>	<i>\$2.00 per employee*</i>
<i>Real Estate & Professional Financial</i>	<i>\$150.00</i>	<i>Plus</i>	<i>\$50.00 per associate</i>
<i>Lodging</i>	<i>\$150.00</i>	<i>Plus</i>	<i>\$5.00 per room</i>
<i>Restaurants</i>	<i>\$150.00</i>	<i>Plus</i>	<i>\$0.25 per seat</i>
<i>Not for Profit Organization</i>	<i>\$150.00</i>		
<i>Individuals (non-business owners)</i>	<i>\$ 50.00</i>		

Base: \$ _____ plus Fair Share \$ _____ = Membership Dues: \$ _____

How do you want to be billed?
 Annually _____ Semi Annually _____ Quarterly _____ Invoice by: Mail: _____ Email: _____

*Multiple Ownership-First Business will pay base Membership Dues plus Fair Share. All other businesses under same owner will pay Fair Share only.
 2 part-time employees equal 1 full time employee.*

I hereby agree to invest in the future of Moore County Texas by joining the Moore County Chamber of Commerce. I hereby agree to payment of this investment within 30 days of statement and agree that any end all benefits shall cease if we should become 90 days past due.

Company Rep. or Individual Signature: _____ **Chamber Rep. Signature:** _____